

HIV and Hepatitis Community Planning Group

Meeting Minutes

February 14, 2019

HIV & HEPATITIS COMMUNITY PLANNING GROUP MEMBERS								
<i>*in attendance</i>								
Julie	Baker	x	Steven	Kleppe	-	Sonia	Reyes-Snyder	-
Donald	Baxter	x	Douglas	LaBrecque	-	Conner	Spinks	-
Sue	Boley	x	Roger	Lacoy	x	Roma	Taylor	x
Colleen	Bornmueller	x	Jeffrey	Moore	-	Pamela	Terrill	x
Megan	Campbell	x	Sara	Peterson	x	Mark	Turnage	-
Tim	Campbell	-	Marty	Reichert	-	Kathy	Weiss	-
Kathryn	Edel	-	Claudia	Robinson	-	Samantha	Willey	x
Linnea	Fletcher	x	Theresa	Schall	-	Biz	McChesney	x
Kevin	Gabbert	-	Shane	Scharer	x	Corey	Young	x
Greg	Gross	x	Sarah	Ziegenhorn	x			
Holly	Hanson	x	Jordan	Selha	x			
LeeVon	Harris	x	Michelle	Sexton	-			
Tami	Haught	-	Carter	Smith	x			
Daniel	Hoffman-Zinnel	-	Samantha	Smith	x			
Health Department Staff: Nicole Kolm-Valdivia, Joseph Caldwell, Jamesetta Mator, Randy Mayer, Tobias Gurl, Richard Nesselroad, Cody Shafer, Effie Hill								
Guest(s): David Lauritzen, Roger Bishop, John Shaw, Dr. Paul Muwanguzi, Amber Tompkins, Kurt Berke, Jessica Baker, Mark Hillebrand, Nola Aigner Davis, Annie Rodruck, Alicia Stephens, Kim Brown, Anthony Pudlo								

Call to Order

Biz McChesney called the meeting to order at 9:00 a.m.

Roll Call

Colleen Bornmueller facilitated roll call. Biz spoke about members who are absent today and member resignations.

Test Agenda

No changes were made to the agenda.

Ground Rules and Agenda Review

Biz reviewed the group agreements, the agenda, and the goals of the meeting.

Goal 1: Update on progress toward select goals and objectives in the Hepatitis Action Plan.

Goal 2: Discuss legislative updates and policy initiatives.

Goal 3: Discuss and provide feedback related to programmatic initiatives, including Syringe Services Programs and Draft Implementation Plan.

She also reviewed the handout folder contents.

1. Test Agenda
2. The 100ish Acronyms that You Should Know Working in HIV in Iowa
3. Our Words Matter
4. Words Matter: Health Equity Terminology
5. HIV Language Matters
6. “The Opioid Crisis” PowerPoint Slides
7. “Hepatitis C in Iowa: 2018” PowerPoint Slides
8. “Hepatitis C Elimination Model” PowerPoint Slides
9. “Vulnerability Index” PowerPoint Slides
10. “People First Language” PowerPoint Slides
11. Draft of SF 125, Syringe Services Program Bill
12. “Syringe Services Programs Draft Implementation Plan for Iowa” PowerPoint Slides
13. “Health Initiatives for People Who Use Drugs (HIPWUD)” PowerPoint Slides
14. “Gilead’s FOCUS Program” PowerPoint Slides
15. Guidelines for In-State Meals, Mileage, and Lodging Requirements
16. CPG Check-Out Sheet

Approval of November Minutes

Colleen Bornmueller facilitated the approval of the November 8, 2018, minutes. No corrections or additions were made. Roger Lacey motioned to approve the minutes. Julie Baker seconded the motion. Motion carried. Minutes were approved.

Review of November Check-outs

Colleen Bornmueller facilitated the review of the November 8, 2018, check-outs. No corrections or additions were made.

Updates and Unfinished Business

Bureau Update

Presented by Randy Mayer

Randy gave staff updates. The Ryan White Part B Client Services Coordinator position has been filled. Megan Guthrie starts on February 22, 2019. Nicole Repp, AmeriCorps VISTA, and Kate Hoskins, Rural Outreach Liaison, are leaving the bureau. Finally, per a recommendation by HRSA, the bureau needs to hire an additional FTE to focus on fiscal auditing of subrecipients. The bureau must audit subrecipients annually, not every three years, as is the department's current practice.

Randy briefly discussed the President's plan to end the HIV epidemic by 2030. He called on the group to consider working on an ending the epidemic plan or plans (HIV and hepatitis) for Iowa. Randy also commented on the molecular surveillance plan discussed at the last CPG meeting. He acknowledged there is significant concern among the community about cluster analyses, given the number of states with criminal HIV statutes. There are several national conversations and webinars occurring about molecular surveillance and cluster analysis right now. In Iowa, we are just beginning to look at our data to see how and whether it is useful. Randy mentioned to stay tuned for more information on this.

Randy finished with announcing the state auditor came to the bureau yesterday. There will probably be a finding for CPG. Currently, CPG members are exempt from the state requirement to provide food receipts for reimbursements. This was approved by the Iowa Department of Administrative Services. Randy believes the auditor will require that we change this and require receipts moving forward. Carter Smith asked if the finding will fall on the department, and Randy said it will fall on the IDPH and we will probably just have to take action.

Biz mentioned that My IA Condoms website is live. The group can see it at lunchtime.

Office of Medical Cannabidiol Update

Presented by Randy Mayer

Randy started with staff updates in the Office of Medical Cannabidiol. The dispensaries opened on December 1, 2018, as required by law. The department has heard that people feel some of the products are too expensive. The second manufacturer is scheduled to have products by July 1, 2019, which may bring down prices somewhat. There has been an influx of applications since the dispensaries opened, with 1,300 patient and caregiver registration cards issued. Staff is approving about 375 patient and 25 caregiver registration cards a month right now. Roger Lacey had a question about physician involvement. Randy said number of physicians approving is growing. The department has tried to keep a list of physicians that will accept new patients, but they are often already at capacity. Social media may be a better source of information.

Holly Hanson mentioned she heard a radio ad from Campbell's Nutrition in Des Moines with products that contain CBD. Randy said the 2018 Farm Bill recently approved by Congress allows for growing of industrial hemp if state law allows it and the state files a plan with the USDA to describe how the state will oversee the program. Hemp in Iowa falls under the jurisdiction of Iowa Department of Agriculture and Land Stewardship (IDALS). There are many steps to take before it is legal in Iowa, but a bill is active in the Iowa legislature (stay tuned on this). All hemp products in Iowa are still illegal, but it is up to local law enforcement to enforce this.

Randy finished his announcement with detailing the bills on medical cannabidiol introduced in the legislature at this time. It is unclear what might be passed.

Community Co-Chair Vote

Presented by Biz McChesney

Biz announced it is time to vote for a new Community Co-Chair. The Community Co-Chair elect will spend some time with current Community Co-Chair, Colleen Bornmueller, to allow him or her to learn the position. Quorum was present, and the group was able to vote. Two candidates, Roma Taylor and Greg Gross, shared their visions with the group. After hearing from the candidates, members asked their questions and then voted.

Community Co-Chair Announcement

Presented by Biz McChesney

Biz McChesney announced Roma Taylor will be the next Community Co-Chair. She thanked Greg for running and offering his service to the CPG.

New Business

Bureau of Substance Abuse Opioid Funding

Presented by Monica Wilke-Brown

Monica started her presentation explaining the opioid crisis nationally and in Iowa. Monica said she coordinates the Opioid Response Grant within the Bureau of Substance Abuse. The state of Iowa is a relatively low-incidence state for opioid misuse and death. However, there has been an increase in opioid overdoses and related deaths, increases on neonatal abstinence syndrome (symptoms of withdrawal in an infant), and increases in the spread of hepatitis C related to injection drug use. Monica went into the possible causes of the increases in consequences of opioid use, including flawed research, unethical marketing, misguided policies, and overprescribing. The Bureau of Substance Abuse is working to change the way society looks at the opioid crisis. While Iowa has low incidence, there is increasing concern. She went into Iowa data (please refer to PowerPoint).

IDPH and the Bureau of Substance Abuse does have some funding to address these concerns. There are several grants that are aiding in this effort. They would like to increase availability of naloxone through the standing order under Dr. Caitlin Pedati, the department's medical director. The standing order does not pay for the naloxone. Activities they are focusing on include collaborating more with the boards of medicine, pharmacy, nursing, and dentistry, and developing and distributing outreach and marketing materials.

Monica showed a video on the Good Samaritan law, which was updated last year. She also described how to sign up for a biweekly email to help interested people to stay informed. She discussed a report card that grades Iowa's progress on fighting the opioid crisis. There were significant, positive changes to the report card after last year's legislative session.

Dr. Paul Muwanguzi, a guest, asked about prevention methods for substance abuse. Monica mentioned Iowa has a strong substance use prevention program. Donald Baxter asked if there is money for harm reduction that the bureau or department receives. Monica said it is quite small, but they are working with their community stakeholders to figure out how services are being delivered. Sarah Ziegenhorn asked how much money the Bureau of Substance Abuse received from the federal government, and if will there be an open RFP to contract some of those dollars to local entities. Monica explained there are several grants totaling about \$6.6 million. An RFP to accept applications is currently being drafted for one grant. Monica described the inclusion of harm reduction trainings from service providers. Sam Smith mentioned that CPG could do better to collaborate with the Bureau of Substance Abuse. Randy Mayer said we are working on that now by expanding hepatitis C testing in substance use treatment facilities. Kim Brown, a guest, mentioned that treatment providers in her area haven't contacted her group (Quad Cities Harm Reduction) about training on harm reduction. She mentioned the abstinence-based programs aren't always open to training in harm reduction. Monica affirmed this and said her bureau is

working with providers on this issue. Kim also said that she feels programs are too focused on prescription pill misuse rather than on heroin use. Carter Smith commented on the importance of the CPG recommending the requirement of harm reduction training in their treatment contracts (RFPs). Sarah Ziegenhorn stated that harm reduction work is more than handing out needles, and she emphasized the importance of hiring people with lived experience in substance use.

Hepatitis C Data Update

Presented by Nicole Kolm-Valdivia and Shane Scharer

Shane explained that he coordinates the hepatitis C surveillance and data activities. There have been 18,004 Iowans ever reported to IDPH with chronic hepatitis. In 2018, 1,507 Iowans were diagnosed and reported with chronic HCV. CDC estimates that approximately 45 to 85% of people with HCV are undiagnosed. Please refer to PowerPoint for graphs and data points.

Nicole mentioned that in Iowa, diagnoses are back up a bit after decreasing the previous year. The data team is digging more into why this may be. She also mentioned that that people under 40 seem to be more likely to clear hepatitis C on their own. There are currently two populations of focus, people under age 40 (ages 24 to 42 in Iowa in 2018 – see slides), and the baby boomers (in Iowa, those 54 to 66 years of age saw higher diagnoses). Looking ahead to 2019 the department will continue to do perinatal hep C surveillance, HCV testing at the state medical examiner's office, and develop an HCV care cascade from data gathered through the new funding from the Association of State and Territorial Health Officials (ASTHO). There will also likely be a plan to eliminate hepatitis C by 2030 in Iowa. Jordan Selha asked if there are any data indicating what would happen after 2030 if we did nothing? Nicole said data compare what we are currently doing to what we could be doing.

Greg Gross asked why we have modeled ending hepatitis C but not HIV? Randy mentioned we could ask the same company who developed the Hepatitis C model if they would be interested in an HIV model, but this was funded by ASTHO. A guest (Dr. Paul Munwanguzi) asked clarification on the data point that 77% of Iowans under 40 who are diagnosed reported injection drug use. Nicole said this percentage has continued to increase. The guest thought it should and would be higher. Jessica Baker, a guest, mentioned that at the Day of the Hill she noticed that there were no laws or bills that would require addiction medicine patients to be tested for hepatitis C. Nicole mentioned there is a bill in a legislature regarding hepatitis C treatment by Medicaid.

LUNCH

Vulnerability Index

Presented by Joe Caldwell and Nicole Kolm-Valdivia

Joe Caldwell presented on the vulnerability index, which is a study to predict where outbreaks of HIV or overdoses from opioids are most likely. It looks at the interaction of substance use and HIV and Hepatitis C. The grant is from CDC to improve each state's emergency response actions in the event of an outbreak. The goal is to help state and local health departments to be prepared for these events.

Joe mentioned that the data include use of methamphetamine. Please refer to the PowerPoint for graphs and county data maps. The goal is that at the end of this project period, we will show the vulnerability of each county in Iowa to infectious disease outbreaks and opioid overdoses. Joe mentioned the plan is to hold community town hall meetings for feedback, as well. A guest asked which drugs are most commonly reported by people with HIV and HCV. Joe and Nicole said most people recently diagnosed with HIV who report injection drug use are injecting meth. Colleen Bornmueller asked the study includes looking at STD diagnoses. Joe answered yes.

Holly Hanson mentioned that the ROLs (Rural Outreach Liaisons) heavily use the heat maps when educating providers and other community members. Dr. Mark Hillebrand, a guest, said that we must remember to work with local city governments, too. Greg Gross said that he appreciated the emphasis on meth use, and he supports the town hall idea.

People First Language

Presented by Joe Caldwell

Joe presented the People First Language and Our Words Matter documents. He referenced the Denver Principles, and why people first language is so important. He detailed how perceptions can even influence policy makers. Please refer to the PowerPoint for graphs and other related images. Joe also detailed ways in which the members and guests can re-evaluate their stigmatizing language. . Greg Gross asked for clarification about the phrase “addict does not equal science” that Joe had early in his presentation. Joe said that addiction can be caused by variety of factors (including trauma, inter-generational use, inadequate access to health and social services) not just substance use. Joe also said that there is some ownership in the use of the word “addict,” among some people who use drugs so providers and frontline staff should be careful to respect language use by directly impacted people. Carter Smith asked about drug use within disproportionately impacted groups (LGBTQ, African American/Black, for example). Joe agreed to come back and speak more in-depth with the group about substance use and the disproportionately impacted groups.

Syringe Services Programming

Presented by Sarah Ziegenhorn, Kim Brown, and Joe Caldwell

Sarah and Kim spoke on the harm reduction activities in the state. Sarah reviewed the timeline of the SSP bill (SF 125). Tiffany (IHRC's lobbyist) and Sarah met with all candidates and legislators in their own space throughout the summer. This year's bill is a bit different from last

year's bill. For example, they chose all Republican sponsors for SF 125. The other change is that last year's bill was extremely short, and the new bill addresses a lot concerns from last year's version.

Kim spoke about the Day on the Hill. The weather prohibited some volunteers and participants from coming. Overall, there was good turnout and energy! The people who were there were having a great impact on legislators. Media were present, as well.

Carter Smith said that the CPG had issued a letter of support for other bills, and asked if they could do that again. Others seemed to agree to it was moved to a vote. Carter Smith made a motion to draft a letter of support, Roger seconded. Members voted and the motion was carried to draft the letter. There was no opposition. Biz asked members who want to be involved in writing the draft letter of support: Carter Smith, Roma Taylor, and Sarah Ziegenhorn will work on this together. Roger Lacooy asked if the letter of support will be drafted and then sent out to the members for a vote. Biz said the details will be in the next Friday Facts email.

Draft Implementation Plan

Presented by Joe Caldwell

Joe detailed the department's draft implementation plan should a syringe services bill pass in the legislature this year. The department would be required to write administrative rules (Iowa Administrative Code). Joe described the elements of the implementation plan. Roger LaCoy asked about the difference in terminology between needle exchange program (the bill language) and syringe services program (department language). Joe said the bill drafters try to use as much plain language as possible, but that there is a range of services. Joe said much was yet to be determined until the bill passes in the legislature.

IDPH Funding & Activities

Presented by Nicole Kolm-Valdivia, and Joe Caldwell

ASTHO (Association of State and Territorial Health Officials) Grant

Joe and Nicole went over the current Hepatitis C activities and how the ASTHO grant may help to expand them. The grant has a funding period of early February through July. Iowa chose implementation activities over planning activities in the grant. There are three components to this plan. The first component is consumer engagement. IDPH will work with the harm reduction coalitions to organize focus groups to engage people who use or inject drugs. The second component is to increase hepatitis C testing. IDPH will work with SIEDA (Ottumwa) and UCS. The third component is patient navigation. IDPH will provide funding to IHRC and The Project of the Quad Cities to provide patient navigation and linkage to care services for Iowans diagnosed with hep C.

AmeriCorps VISTA Project - Health Initiative for People Who Use Drugs

Joe spoke on the background of the project and the reason for having AmeriCorps VISTAs. He described the internal structure and resource development. Several groups are meeting to help inform the bureau on the landscape of Iowa. They are outlined in the PowerPoint. The working groups will meet monthly. Colleen Bornmueller asked about the intersection of STD and methamphetamine. Joe said this is always a focus when the groups meet and it will continue to be a focal point.

Community Activities

Presented by Sarah Ziegenhorn & Kim Brown

Harm Reduction Coalitions

Iowa Harm Reduction Coalition (IHRC)

Sarah Ziegenhorn

Sarah spoke about IHRC's new mission statement, and then spoke on the history of harm reduction. IHRC services (DSM, Cedar Rapids, Iowa City) include a hotline, deliveries, outreach, and office-based. They have been revising how the program operates and she reviewed the 2018 year. They give out more harm reduction supplies each month. In addition, 636 overdose reversals were reported from clients. They have performed education and technical assistance and on Iowa Public Radio 10 times. The budget and staff grew by a significant amount. Sarah's highlight was when Mike Randol, Iowa Medicaid Director, came and spoke about hepatitis C treatment at their annual summit. Sarah explained IHRC's HCV testing and treatment program. They are looking into harm reduction in rural areas. They picked Oelwein, Ottumwa, and Fairfield as focal areas. She spoke on their upcoming activities. IHRC will have new "swag" coming soon. The artists are all from Iowa City area.

Quad Cities Harm Reduction (QCHR)

Kim Brown

Kim explained QCHR is a small group of about 10-12 committed volunteers. In 2018, they received community grants to buy Narcan (naloxone). They spend 80% time in community and 20% of time in a drop-in setting. They offer the same services as IHRC, but more informally. They collaborate with The Project Quad Cities for linkage to services and other community events.

Related Work Group Reports

1. Trauma-Informed Care

Holly Hanson gave an update on four different initiatives in trauma-informed care. There is a Trauma-Informed Leadership Team (statewide), an IDPH trauma-informed care workgroup, strategic planning with HIV subrecipients, and the Polk County Leadership Committee on wide-sector relationships on how to be more trauma informed. There will be more information about trauma in the coming meetings.

2. Disrupting Racism

Jamesetta Mator gave some updates about the Disrupting Racism group and health equity activities in general. Allison Sampson-Jackson (presenter at 2018 HIV, STD, and Hepatitis Conference) will be hosting the Health Equity Spotlight call (February 28, 2019 at 3pm). The Disrupting Racism group is creating a charter to describe membership and processes for the group. The Health Equity Cultural Responsiveness Training is a “go” (April 3-5), and all attendees have confirmed attendance and participation. This group will go through the training, give specific feedback on the training, and ultimately decide if the training should be offered regularly in Iowa.

3. MOBE Committee

Biz McChesney gave an update on the MOBE Committee. The biggest update is that the committee will be focused on reaching out to CPG members asking them to recommit to CPG attendance and community engagement.

Other Business

Call to Action

The members reviewed the day’s call to actions.

1. HIV elimination modeling (What are the next steps?).
2. Call or Email Legislators: “Mr. Schneider, bring it to a vote and why isn’t this bill moving?”
3. Draft CPG letter of support for the bill.
4. Have Joe come back to the group and give a presentation on drug use and other communities.
5. Ways to get vulnerability index to local government.
6. Think about ways in which the CPG and the Bureau of HIV, STD, and Hepatitis can partner better with the Bureau of Substance Abuse.

Checkout Completion

Colleen Bornmueller asked members to complete and turn in their check-out forms.

Call to the Public

Colleen Bornmueller asked for the call to the public. A guest (Jenna Sheldon) mentioned to check their Friday Facts to review the new *Stop HIV Iowa* website and provide feedback.

Announcements

Biz reminded the group of the webinar on April 18, 2019, at 10:30 am on Surveillance 101, 2018 HIV Data, Cluster & Outbreak and Detection.

Adjourn

Roger Lacozy motioned to adjourn the meeting. The motion was seconded by Linnea Fletcher. The motion was approved. The meeting was adjourned at 3:55 pm.

Respectfully submitted,

Jenna Sheldon